



# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1 File Number U - <u>10867</u>	2 Fiscal Year Covered From <u>7/1/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>Gary Simpson</u> P O Box, Bldg, Room No, if any _____ Street <u>1739 Mist Wood Dr</u> City <u>Howell</u> State <u>MI</u> ZIP Code + 4 <u>48843</u>	4 Name, file number, and address of labor organization Name <u>Heat &amp; Frost and Asbestos Workers Local 25</u> Labor Organization File Number <u>012574</u> P O Box, Building and Room Number, if any _____ Street <u>21353 Bridge St.</u> City <u>Southfield</u> State <u>MI</u> ZIP Code + 4 <u>48034</u>
5 Position in labor organization <u>Executive Board Member</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income <u>N/A</u> 7 b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>8/14/05</u> <u>(517) 540-1097</u> Date Telephone Number

Name of Person Filing <u>Gary Simpson</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>Heat &amp; Frost Workers Local 25 SUB FUND</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>21353 Bridge St.</u></p> <p>City <u>Southfield</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48034</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>Same as above</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>Trustee of SUB Fund, received reimbursement for lost wages</u></p> <p>11 b Approximate dollar value of such dealing _____</p> <p>12 a Nature of interest held or income received</p> <p><u>All reimbursements are for expenses directly incurred in my capacity as trustee.</u></p> <p>12 b Amount _____</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <u>VARIOUS</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <p><u>From time-to-time during the year I attended various functions, for which no records are available to me, but I have no reason to believe that they are anything but de minimis</u></p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p><u>\$480.96</u></p>